LABORATOIRE DEPARTEMENTAL 31 EVA

APPLICATION FORM FOR DOMESTIC CARNIVORES SEROLOGY AND TRAVEL PACKS

E-ECH-018 v.8

For laboratory use only
Received on: _____ by: ____ accepted by :

blood ☐ serum ☐
Comments:

VETERINARY CLINIC*

LAST NAME _____ **FIRST NAME**_____

COMPANY NAME _____

ADDRESS _____

_____

ZIP CODE _____ **CITY** _____

COUNTRY _____

PHONE NUMBER _____

E-mail _/__/

/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/

PET OWNER*

LAST NAME _____ **FIRST NAME**_____

ADDRESS _____

_____

ZIP CODE _____ **CITY** _____

COUNTRY _____

PHONE NUMBER _____

E-mail _/__/

/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/

ANIMAL DESCRIPTION*

CAT ☐ **DOG** ☐

Name*: _____ Date of Birth : _____/_____/_____

Tattoo ID number* _____ *and/or* **Microchip Number:** /___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/

Date of Blood Sample*: _____/_____/_____ **Sex**: M ☐ F ☐ **Treatments / Vaccines**:

Destination Country: **Incoming Country:**

ANALYSES *

☐ **Canine Brucellosis** *Brucella canis Acs-agglutination card*	26.00€	Dry tube-serum
☐ **Canine Ehrlichiose** *Ehrlichia canis Acs-IF*	28.00€	Dry tube-serum
☐ **Canine Leishmaniose** *Leishmania infantum Acs-IF*	28.00€	Dry tube-serum
☐ **Babesia Canis Gibsoni** *(Bebesia gibsoni Acs-IFI)*	28.00€	Dry tube-serum
☐ **Babesia Canis Gibsoni** *(Bebesia gibsoni cytologie-coloration)* ***	15.00€	EDTA tubes - blood
☐ **Babesia Canis** *(Bebesia canis Acs-IFI)*	28.00€	Dry tube-serum
☐ **Canine Neosporosis** *Néospora caninum Acs-ELISA*	13.00€	Dry tube-serum
☐ **Toxoplasmosis** *Toxoplasma gondii-cat- Acs-ELISA*	13.00€	Dry tube-serum
☐ **Trypanosoma evansi** *(cytologie-coloration)* ***	15.00€	EDTA tubes - blood
☐ **Trypanosoma evansi** *(micro-agglutination)* ***	48.00€	Dry tube-serum
☐ **Dirofilaria immitis** *(microfiltration)* ***	30.00€	EDTA tubes - blood
☐ **Leptospirosis** *(microfiltration)* ***	48.00€	Dry tube-serum
☐**Salmonella spp** *(bacteriological culture NFU 47-102)*	48.00€	Faeces

PACK	EUROPE ☐	OCEANIE ☐	PACIFIQUE SUD ☐	AFRIQUE ☐
Canine Brucellosis *Brucella canis Acs-agglutination card*	✓	✓	✓	✓
Canine Ehrlichiose *Ehrlichia canis Acs-IF*		✓	✓	
Canine Leishmaniose *Leishmania infantum Acs-IF*	✓		✓	✓
Babesia Canis Gibsoni *(Bebesia gibsoni Acs-IFI)*			✓	✓
Babesia Canis Gibsoni *(Bebesia gibsoni cytologie-coloration)* ***				✓
Babesia Canis *(Bebesia canis Acs-IFI)*			✓	
Trypanosoma evansi *(cytologie-coloration)* ***				✓
Trypanosoma evansi *(micro-agglutination)* ***				✓
Dirofilaria immitis *(microfiltration)* ***				✓
PRICE incl VAT	**50.00 €**	**50.00 €**	**135.00 €**	**186.00 €**

PAIEMENT MODE *

Analysis payer*: Owner ☐ **Veterinary** ☐ **Other** ☐

Please note that no results will be communicated without advanced payment

☐ Cheque made payable to « Trésor Public » ☐ Mandat Cash ☐ CB-e-mail:………………………………

☐ Bank Transfer – Transfer's reference*…………………………………..…….. Name of the payer: …………………………………………

Bank information : Bank code : 30001 / Guichet code : 00833 / Account Number : C3140000000 / Clé : 86
IBAN : FR75/3000/1008/33C3/1400/0000/086 BIC associé : BDFEFRPPCCT

RESULTS *

- For the Owner : ☐ Regular Mail And/or ☐ E-mail
- For the Veterinary : ☐ Regular Mail And/or ☐ E-mail
- Additionnal addressee asked for an email sending (a.e: Customs, DDPP, others…):
  Name or Company Name:……………………………………………………………………..……..Country :……………………………………..….
  E-mail : /__/

FROM YOU TO US… *

- ☐ Request of the analysis forms – Serology rabies – PETS serology and « Travel Packs »
- ☐ Request of the LD31 catalog :
- ☐ Quotation request: - object: ……..
  (Our customer/sales department will contact you)
- Any remarks or questions :

E-mail for reply : /__/

** Must be completed*
*** General Sales Conditions on demand*
**** Sub-contracted analyzes*

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Agreement*
The / /
Signature of the Prescribing veterinarian